TEXAS CANCER REPORTING NEWS

Texas Cancer Registry

TEXAS
Department of
State Health Services

> *The mission of the Texas Cancer Registry is to contribute significantly to the knowledge of cancer for use in reducing the cancer burden in Texas.*

The Texas Cancer Registry is funded by:

The Centers for Disease Control and Prevention

The State of Texas

The University of Texas M.D. Anderson Cancer Center

Baylor College of Medicine

Texas A&M University

The University of Texas Health Center at Tyler

The University of Texas Southwestern Medical Center at Dallas

The University of Texas Health Science Center at San Antonio

The University of Texas Medical Branch at Galveston

The University of Texas Health Science Center at Houston

The Texas A&M University System Health Science Center

Texas Tech University Health Sciences Center

The University of Texas at Austin

University of Houston

University of North Texas Health Science Center at Fort Worth

Texas Tech University

The University of Texas at Arlington

Texas State University - San Marcos

The University of Texas at Brownsville

Texas Woman's University

Texas Southern University

The University of Texas - Pan American

The University of Texas at El Paso

Stephen F. Austin State University

University of Houston - Clear Lake

The University of Texas at Dallas

In this issue:

Reporting Changes and Requirements

The Texas Cancer Registry (TCR) has implemented changes for 2008 and soon will have additional modifications that will require additional ICD-9-cm codes when creating the disease index at your facilities.

Currently in place:

11.2 Edits- This edit set has new edits turned on to ensure quality data and reporting guidelines are followed. You are probably seeing errors which you are not used to even though the reporting requirements on these have been in place since 2006.

- **Data Items #2460 and #2470 Physician Managing and Physician Follow Up.**

  Remember that for these data fields the Texas License numbers are required. If the physicians for these fields are unknown do not leave these fields blank. Code them to unknown. In rare cases when the physician license numbers cannot be found, code to unknown and document the physician(s) in the text field along with as much identifying information as possible on the physician(s). For teaching facilities where residents are the physicians rendering the patient care, code and document the name and Texas License number of the physician overseeing the resident.

- **Data item # 390 Date of Initial DX**

  The edit change to this field is that it will not accept an unknown (99999999) diagnosis date. Remember that a case with an unknown diagnosis date cannot be used in analysis or included in data sets used by researchers or included in data submissions for the NAACCR or CDC Calls. If you have exhausted all resources available to you and still cannot determine or estimate a diagnosis date, code the month and year of the Date of First Admit/Contact. This may not reflect the original diagnosis date but it does reflect your best estimate of when the patient had active disease, otherwise you would not be reporting the case.

The TCR implements internal data quality processes to obtain a better diagnosis date for records when the date of diagnosis is coded as unknown. These processes include consolidation and file linkages with other internal and external resources.

New ICD 9 codes are to be reviewed for complete and accurate casefinding for 2008 and forward. National Center for Health Statistics (NCHS) has released updated ICD-9-CM codes to be effective October 1, 2008. In reviewing these codes, there are several new neoplasia codes that will be of benefit to your facility for casefinding and/or follow-up. In September 2008, each facility will be mailed errata pages for our 2008 Cancer Reporting Handbook which will include these changes. This information will also be distributed via email and posted on our Website. The NCHS addenda can also be accessed at http://www.cdc.gov/nchs/datawh/ftpserv/ftpICD9/ftpICD9.htm.

Look for 2009 reporting requirements in early November 2008. The TCR will mail these changes to each facility as well as send the information via email and have it posted on our Website.

- Susan Perez, CTR
  Quality Assurance, Austin

Address at DX-Supplemental

The *Address at DX- Supplemental* (NAACCR Item #2335, FORDS p.43) field became available beginning with cases diagnosed January 1, 2006. The intended use of this field is to capture a facility name, such as a nursing home or apartment complex. Do not use the Address at DX Supplemental field to record the apartment number. The proper street address, including APT, UNIT, STE, etc., should always be entered into the field Address at DX – NO&Street (NAACCR #2330, FORDS p. 42). If there is no facility name, or the facility name is unknown, leave this item blank.

- Jael Anaya, BS, CTR
  Consolidation Lead Worker, Austin

NAACCR 2008-2009 Webinar Series

The Texas Cancer Registry will broadcast the 2008-2009 NAACCR webinar series which includes twelve webinars, one each month. Six of the webinars will be site-specific and will include information on anatomy needed to abstract and code the case; how to determine multiple primaries using the Multiple Primary and Histology rules; how to code topography and histology; how to code all the collaborative staging data items; and treatment data items and how to code them. Three of the webinars will take an in-depth look at various coding and staging topics that are relevant to both central and hospital registrars in their day-to-day activities. Three of the webinars are targeted specifically at central registry data analysis and use issues. Each webinar is three hours in length and includes lectures, quizzes, exercises, and a questions and answer session.

The webinars will be broadcast in Austin, Dallas, Houston, Beaumont, Tyler, Laredo, McAllen, Lubbock, San Antonio and El Paso. Please check our website for specific location information at http://www.dshs.state.tx.us/tcr.

Webinar schedule:

10/2/2008	Collecting Cancer Data: Bladder
11/6/2008	Coding Pitfalls
12/4/2008	Collecting Cancer Data: Leukemia, Lymphoma, and Other Hematopoeitic Malignancies
1/8/2009	Measuring and Minimizing the Disclosure Risk of a Cancer Data Public Use File
2/5/2009	Collecting Cancer Data: Pharynx
3/5/2009	Cancer Staging In-depth
4/2/2009	Collecting Cancer Data: Central Nervous System
5/7/2009	Using the National Death Index in Registry Mortality Ascertainment Activities
6/4/2009	Collecting Cancer Data: Prostate
7/9/2009	Advanced Coding & Abstracting
8/6/2009	Collecting Cancer Data: Breast
9/3/2009	Assessing and Using Cancer Data

Reminders of broadcast dates will be emailed. Remember to call your TCR regional office to update your email address. These webinars provide excellent training and continuing education opportunities.

- Leticia Vargas, CTR
* Quality Assurance, Austin*

2008 TCR Cancer Reporting Handbook

The 2008 Texas Cancer Registry (TCR) Cancer Reporting Handbook compact disk was mailed to facilities on June 6, 2008. It is also available for downloading at http://www.dshs.state.tx.us/tcr/2008crhb.shtm. Reporters that need a hard copy of the handbook may request one from your regional office. The handbook reflects changes in reporting requirements for cases diagnosed/admitted January 1, 2008 and forward. One new data item is required for 2008 cases: CS Tumor Size/Ext Eval. Instructions for coding this field can be found in the 2008 TCR Handbook on page A-19 in Appendix A.

Basic Training and Exercise Modules for cases diagnosed prior to 2007 are available on the TCR website for online training. Updated modules reflecting 2007 and forward reporting guidelines will be online soon.

- Cindy Dorsey, CTR
* Program Specialist, Austin*

Query Tool

The TCR will soon have a data query tool in an interactive format that can produce maps. "Cancer-rates.info" is a unique, web-based service, offered exclusively by the Kentucky Cancer Registry (KCR) at the University of Kentucky, which provides public access to cancer incidence and mortality data. KCR has implemented proprietary software and a configuration of databases, application servers and web servers that allow the system to calculate rates and render maps and data rapidly in real time for numerous simultaneous users.

Cancer-rates.info is a nationally recognized URL at http://cancer-rates.info which is used solely to host cancer incidence and mortality data. It is the only service that offers web-based access to the standardized user interface and format for cancer-incidence and mortality data. This service has been adopted by the following central cancer registries and agencies: Arkansas, California, Connecticut, Hawaii, Iowa, Kentucky, Mississippi, New Jersey, New Mexico, North American Association of Central Cancer Registries, Ohio (pending), and Seattle.

On an annual basis, The Texas Cancer Registry (TCR) will provide the KCR with non-confidential, completely de-identified cancer data in a format routinely used for a number of activities. Those data are presented at Cancer-rates.info in an interactive format that includes age-adjusted cancer incidence and mortality maps of state data by county and larger geographical regions. Maps allow the user to access the underlying data in tables, bar graphs and trend charts. Data can be selected for display by several criteria. All data presentations can be printed or downloaded for incorporation into other documents. Visitors to the TCR web-site seeking cancer data will be directed to the Cancer-rates.info site by a direct link. Customers will be able to utilize features to receive their information quickly in customized formats including clickable, color coded maps of cancer incidence and mortality data by county and larger geographical regions as specified by TCR. Maps provide links to statewide data, all county/re-

gion data and individual county/region data. Data is selectable by geography, cancer site, year(s) of diagnosis, sex, race/ethnicity, age-adjustment population standard, invasive or all cancer incidence, and optional confidence intervals. Linked data includes population at risk, counts, crude rates, age-adjusted rates and age-specific counts and rates (statewide data only). Site comparison data is available for all geographical regions (used to compare rates for all cancer sites for the region.) Additional graphical displays include bar graphs and trend charts. The interface provides context-specific links into the State Cancer Profiles at the National Cancer Institute (NCI)/Centers for Disease Control and Prevention (CDC) web site with additional information for cancer control programs. The system also tracks utilization and TCR will be provided with access utilization counts by selection category and a utilization trend chart.

This data query tool will be available on the TCR website in the near future.
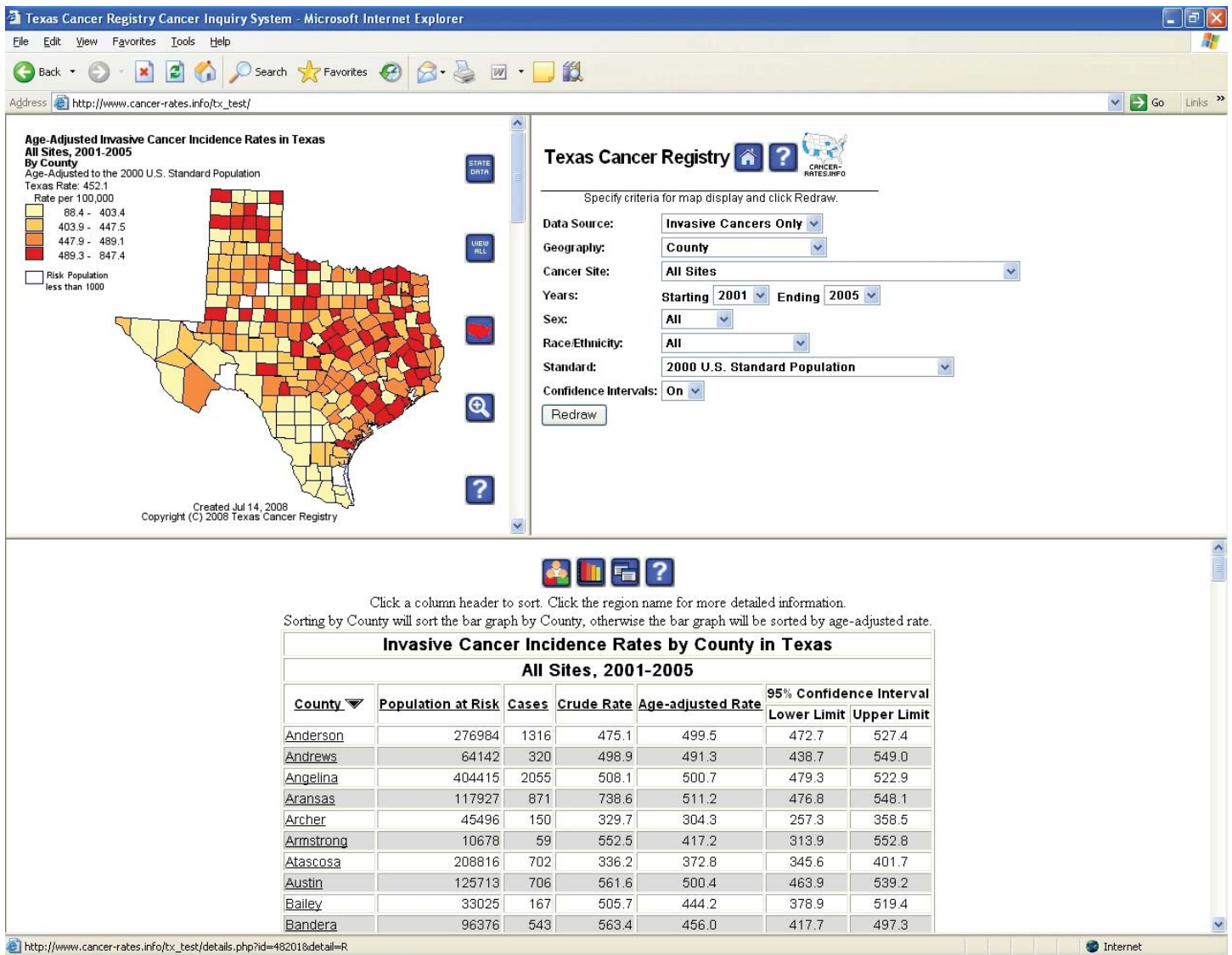
- Brenda Mokry, M.Ed.
 Epidemiology, Austin

Remember when coding laterality for in situ primaries, if laterality is not known, code to 3 (Only one side is involved, right or left origin of primary not indicated). Laterality cannot be coded to 9 or 4 for an in situ behavior.

Resource: Page 93 of the TCR Handbook revised May 2008

Query Tool (continued)

Remember 2007 cases are now overdue. It is impossible for the Texas Cancer Registry to prepare our "statewide" file for our CDC submissions if facilities do not submit their data. Texas has a large caseload and we average a submission of 1, 012,550 cases to CDC and 923,547 cases to NAACCR. All these records have to be run through each respective set of edits before we submit our file. Countless hours of work goes into the preparation of these files.

Coding Corner

September 2008 is National Ovarian Cancer Awareness Month.

Ovarian Primary with Bilateral Involvement

Question:
Are ovarian primaries with bilateral involvement always coded to a laterality of 4 (bilateral)? I have a case where a mass of serous adenocarcinoma is almost totally replacing the right ovary with left ovary minimally involved. Can I assume that the malignancy originated in the right ovary since it is more extensively involved or should I code the laterality to 4 since both ovaries have malignancy?

Answer:
If the diagnosis is prior to 2007, you would code to the single ovary using code 1 (right) for laterality.   The issue of one or both ovary being involved is resolved in staging. Refer to the 2007 MP/H rules for cases diagnosed in 2007 or later.

Resource:SEER Inquiry & Response (I&R), Question ID No. 20031153, http://seer.cancer.gov/cgi-bin/seerinquiry/index.pl

Primary Site Ovary or Peritoneum

Question:
Should the primary site be coded to ovary or peritoneum when the bulk of the tumor is in the peritoneum and there is only surface involvement of the ovary?

Answer:
When it is not clear where the tumor originated, use the following criteria to distinguish ovarian primaries from peritoneal primaries.

The primary site is probably ovarian, unless:

-
- Ovaries have been previously removed
- Ovaries are not involved and determined negative for malignancy
- Ovaries have no area of involvement greater than 5mm
- Descriptions such as "bulky mass," "omental caking" probably indicate an ovarian primary.
  Descriptions such as "seeding," "studding," "salting" probably indicate a peritoneal primary.

Resource: SEER Inquiry & Response (I&R), Question 20041013, http://seer.cancer.gov/cgi-bin/seerinquiry/index.pl

Coding Corner (continued)

2007 Ovarian Histology and Primary Number

Question:

The pathology states: "Left ovary, high grade carcinoma with Small Cell features, measuring 21 cm, and Right ovary, high grade papillary serous carcinoma, measuring 14 cm." Is this 1 primary? Is the histology 8460/3?

Answer:

When we code the histologies separately, the left would be 8041/3 and the right would be 8460/3. Therefore, we can follow Rule M7 (bilateral ovary 8000 to 8799) and this is a single primary. Because papillary serous is a type of adenocarcinoma, we would follow Rule H30 and use Table 2 to determine that the combination of small cell and adenocarcinoma is coded to 8045/3 (combined small cell) because the small cell will be the more dangerous prognostic histology.

Resource: 2007 Multiple Primary and Histology Coding Rules; Commission on Cancer Inquiry & Response System, Question 26417, http://web.facs.org/coc/FMPro?-db=ajcctransaction.fp5&-format=search_resultsfeedbackreply.htm&transaction%20id=26417&-script=updatefeedback&-find

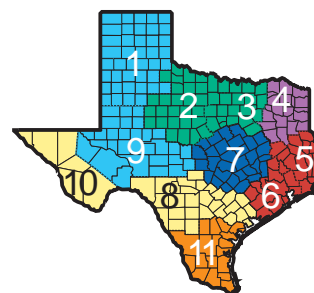*- Dianna Watkins, CTR*
  Quality Assurance, Austin

Remember when coding ductal in situ of the breast, CS lymph nodes will always be coded as 00 (None) and regional nodes positive will always be coded 00 (All lymph nodes examined are negative). Code regional nodes examined appropriately. If lymph nodes examined are positive then the behavior would no longer be in situ and should be coded as invasive.

Resource: Page A-23 in the TCR Handbook revised May 2008.

Case Completeness by Dx Year

As of: August 26, 2008

HSR 1:	2004	100%		**HSR 7:**	2004	100%
	2005	95%			2005	100%
	2006	93%			2006	97%
	2007	72%			2007	81%
HSR 2:	2004	92%		**HSR 8:**	2004	99%
	2005	92%			2005	100%
	2006	85%			2006	100%
	2007	68%			2007	79%
HSR 3:	2004	98%		**HSR 9:**	2004	94%
	2005	96%			2005	97%
	2006	95%			2006	89%
	2007	78%			2007	69%
HSR 4:	2004	100%		**HSR 10:**	2004	100%
	2005	93%			2005	100%
	2006	90%			2006	96%
	2007	73%			2007	74%
HSR 5:	2004	100%		**HSR 11:**	2004	96%
	2005	96%			2005	93%
	2006	99%			2006	90%
	2007	76%			2007	67%
HSR 6:	2004	100%		**State:**	2004	100%
	2005	100%			2005	97%
	2006	99%			2006	96%
	2007	81%			2007	77%

Texas Cancer Registry Regional Offices

- HSR 1,9 - Lubbock
- HSR 2,3 - Arlington
- HSR 4 - Tyler
- HSR 5,6 - Houston
- HSR 7 - Austin
- HSR 8, 10 - San Antonio
- HSR 11 - McAllen

Texas Health Service Regions

Utilizing TCR Online
www.dshs.state.tx.us/tcr

We encourage you to utilize the TCR website as your complete information resource for cancer reporting, statistical data, reporting law and rules, epidemiologic and reporting publications, webinars and training, and general information about the registry.

Be sure to check the Recent Additions section of our home page to see what's new.

The most recent additions to TCR online include:
- 2008 Texas Cancer Reporting Handbook
- Cancer Cluster Investigations Completed January 01, 2004 thru June 30, 2008
- Statistical Data Survey
- Selected Cancer Fact Sheets by State, County, and Health Service Region
- List of publications, presentations, and other research that have utilized TCR data

When you visit us online, remember to add us to your bookmarks so you can always return to the information and resources we provide to help with your reporting or other data-related activities.

- Corbin Choate
Graphics Designer/Web Developer, Austin

Change in How to Submit a Disease Index to TCR

A new Texas Cancer Registry "Confidential Information Security Policy" prohibits transmission of confidential information in hard copy via regular USPS mail, overnight delivery or courier service. A Disease Index (DI) should be submitted when you are complete in reporting all your cases for each admission year. The DI should be generated by admission year and in patient last name alphabetical order. Reference TCR Reporting Handbook, Casefinding Section.

The following are the only acceptable methods the disease index can be provided to the TCR:

- Preferred Method: Electronic files can be submitted using our "Cancer Registry Electronic Submission System (CRESS)". A login and password will be assigned upon request.

- Electronic files can be submitted on CD/DVD (file must be encrypted, zipped and password protected) and mailed via an overnight courier that can be tracked (United Sates Postal Services, UPS, FedEx, DHL, etc.). Passwords must be sent via separate method. Acceptable methods are via email, regular correspondence or by telephone. For mailing address contact your regional registry staff contact person.

- Least preferred Method: The disease index may be faxed to your regional registry staff contact person if this is the only method available.

- Velma Garza, CTR
Registry Operations, Austin

Texas Cancer Data Workgroup (TCDWG) Becomes the Advisory Committee to the Texas Cancer Registry (ACTCR)

We are proud to announce that the transition of the Texas Cancer Data Work Group (TCDWG) to the Advisory Committee to the Texas Cancer Registry (ACT-CR) is now complete. As mentioned in the Spring 2008 Texas Cancer Reporting News, the TCDWG had recently been involved in a strategic planning process. That process was undertaken with the intent of building upon and improving the TCDWG's existing structure in ways that would ensure the Texas Cancer Registry (TCR) is effectively positioned to provide the most value to the public and its stakeholders. Additionally, one of the new CDC-National Program of Cancer Registries (NPCR) grant requirements for the TCR is to maintain an effective "Advisory Committee" which consists of appropriate institutions and a diverse group of subject matter experts. It is important for the TCR to continue meeting this NPCR requirement as this Agency is a considerable TCR funding source.

The most significant outcome from this strategic planning process was the creation of formal Operating Principles for the Committee. The Operating Principles that were created provide additional structure to the Committee by clearly articulating each member and their organization's role, methods for Officer/Member selection and other committee maintenance items. Additionally, these Operating Principles will eliminate the previously assigned Subcommittees to which members were assigned. These subcommittees were previously identified as 1) Funding/Rules, 2) Data Utilization and 3) Data Collection. Under the new Operating Principles, Members will be more directly involved with each topic brought forth to the ACTCR.

Beyond these added benefits, a significant change that the Operating Principles will provide is the method by which ACTCR members will address future issues, concerns and projects. Before each ACTCR meeting, a limited number of issues, topics or projects will be suggested by Members to be addressed by the Com-

mittee. At that meeting, Operational Committees may be formed on an "as-needed" basis to address those specific projects/issues. Individual Members that serve on Operational Committees will be selected based upon the expertise they can provide individually or through the organization they represent. This will help ensure future initiatives undertaken by the Committee will be utilizing the most effective mix of Members, technical skills and other resources available through participating Organizations.

The next ACTCR meeting is scheduled for September 17, 2008. At that meeting, the current Chair of the TCDWG, Dr. V.O. Speights, Jr., will lead the newly formed ACTCR through the process of selecting new Chair and Vice-Chair positions.

This shift in business practices will provide the TCR with increased effectiveness in planning, developing stakeholder consensus, research assistance, legislative and financial support. The Committee is optimistic that under these new operational methods, Members' resources can be increasingly utilized to ensure the TCR exceeds the demands of both the general public and its stakeholders in providing timely, complete and high quality cancer data.

- Dustin M. Smith, BS, CHES
  New Initiatives and
  Regional Management Group, Austin

Technology Corner

New TCR Edits for 2008:

The new TCR Edits 11.2 (WNAACCR_V11_2.RMF) is available to commercial software vendors and facilities on the TCR website (http://www.dshs.state.tx.us/tcr/vendors.shtm). Data with an admission or diagnosis date after January 1, 2008 must be run through the 11.2 TCR Edits. This edit set should also be used for admission or diagnosis dates prior to January 1, 2008. American College of Surgeons accredited registries should run their data through the National Cancer Data Base (NCDB) edits prior to submitting their data to the NCDB. The NCDB edit set is geared to meet the reporting requirements for the NCDB and will not meet all the reporting requirements of the TCR.

SandCrab Lite (SCL) has the TCR edits built in. Third party cancer reporting software may or may not have built in edits to meet one or both of these entities' requirements. Please check with your software vendor to determine which edits are in your reporting software. The edits for NCDB as well as additional instruction and direction on your NCDB data submissions are found at http://www.facs.org/cancer/ncdb/datasubmission.html.

GenEdits Plus 1.0.6 is Available on our Website:

- Facilities that currently use GenEdits Lite version 1.0.6 with their commercial software can download step 3 of the following TCR web link http://www.dshs.state.tx.us/tcr/genedits.shtm to automatically modify the configuration. This will add the new WNAACCR_V11_2.RMF edits to your previously installed GenEdits Plus 1.0.6.

- Facilities that have not installed GenEdits Lite version 1.0.6 should follow all three (3) steps identified at the TCR web link http://www.dshs.state.tx.us/tcr/genedits.shtm.

SandCrab Lite for Pathlabs Version 3.0 (Pathology Laboratory State Reporting Software):

The Texas Cancer Registry (TCR) has implemented the new SandCrab Lite for Pathlabs (SCL-P) version 3.0 which can be found on our TCR website at the following link http://www.dshs.state.tx.us/tcr/scl-path.shtm. The new SCL-P version will incorporate the Standards for Cancer Registries, Volume V; Pathology Laboratory Electronic Reporting Version 2.0. The TCR was previously only beta testing SCL-P version 1.0 (beta) and 2.0 (beta) with a limited number of pathology laboratories. This beta project added electronic data linkage and matching capabilities to the Registry's SandCrab system. Alternate methods for larger pathology laboratories (using Health Level Seven [HL7]) to submit their data to the TCR is still being tested. Facilities that used SCL-P version 1.0 or 2.0 should contact the TCR prior to installing version 3.0 for technical assistance (800-252-8059 Jonathan Unnasch at ext. 3626 or Marilyn Stark at ext. 3625).

Help Desk Software – Novo Solutions:

Novo Solutions Help Desk Software is now available on the TCR website under the Software Tab. The hyperlink is http://www.dshs.state.tx.us/tcr/novo.shtm. The SandCrab Lite software Maintenance/Setup tab also has a Novo Solutions button that will allow facilities and TCR staff to enter a problem ticket for IT related questions (e.g., SandCrab Lite, CRESS, GenEdits Plus, Edits, etc.). An email with the ticket number and the ability for the user to monitor the status of their ticket will be available with this new system.

- Jonathan Unnasch
  Business Analyst, Austin

Training Resources

http://www.seer.cancer.gov/tools/mphrules/training.html
MP/H training materials and breeze sessions.

http://training.seer.cancer.gov/
Seer modules

http://www.seer.cancer.gov/
SINQ- Questions and answers

http://web.facs.org/coc/default.htm
CoC – I&R Question and Answer

http://www.facs.org/cancer/cannews.html
CoC Flash Newsletter

http://www.facs.org/cancer/coc/coceduc.html
CoC Educational opportunities

http://www.naaccr.org/index.asp?Col_SectionKey=10&Col_ContentID=42
Educational opportunities on NAACCR website

http://www.naaccr.org/index.asp?Col_SectionKey=10&Col_ContentID=82
NAACCR Webinars and Modules

http://www.cdc.gov/cancer/npcr/tools/
NPCR Registry on line

http://www.cdc.gov/cancer/npcr/training/
Training material

http://www.cdc.gov/cancer/npcr/
NPCR website

http://www.fcra.org/education_accelerated.shtml
Florida Cancer Registry Training Website

http://health.state.ga.us/programs/gccr/index.asp
Georgia Cancer Registry

http://health.state.ga.us/programs/gccr/index.asp
California Cancer Registry

http://www.sph.emory.edu/GCCS/training/
Emory Training

http://www.afritz.org/
April Fritz website

http://www.ncra-usa.org/education/index.htm
NCRA Educational opportunities

http://www.dshs.state.tx.us/tcr/reporting.shtm
Texas Cancer Registry Training Website

Questions regarding information found in this newsletter, or suggestions
for future editions can be directed to Leticia Vargas in Austin.